

## THE PRESENT STATUS OF THE OPERATION OF EXTIRPATION OF THE UTERUS FOR MALIGNANT DISEASE.

In approaching this debatable ground the writer would disclaim at the outset the ambition of adding anything new to the already extensive literature of the subject. It is his intention to examine it in an impartial manner, with the view of gathering up the various floating opinions with regard to it, and of deducing from them a concise summary. It is desirable that an operation which has been regarded with favor by many general surgeons should not be viewed entirely from the standpoint of the gynecologist. It may be safely assumed that in a question both sides of which have been argued so ably and convincingly there is some middle ground which may be taken without doing violence to either facts or theories. While it is impossible to present a complete series of statistics up to date, a sufficient number of operations have been carefully recorded, at least by foreign surgeons, to allow of certain positive deductions.

The surgical reader may be spared all unnecessary details concerning the pathology and course of malignant disease of the uterus, the objects aimed at in the operation and the *technique* of the same. The only point to be decided is how far that object is attained, and, therefore, how far the measure is a justifiable one.

In referring to extirpation of the uterus it is intended to include complete removal of the organ, either by laparotomy or through the vagina.

In reviewing the current opinions on this important subject, the writer has been convinced that the best way of arriving at a clear idea of the tendency of modern gynecology is not to collect reports of isolated cases or to review elaborate statistics, which at the best are misleading, but to study the society proceedings, since these represent the decided and unbiased opinions of the most distinguished surgeons. The proceedings of such bodies as the American Gynecological and

London Obstetrical Societies, the Académie de Médecine and the societies of Germany and Italy, not to speak of the discussions of the late International Congress, will afford a clearer view of the subject than can be gained in any other way. There is no readier method of gathering up the invaluable results of the world's thought and, by generalizing from these, of arriving at some definite opinion. Pursuing this principle we shall make but few allusions, except in a general way, to this voluminous bibliography. For exhaustive references we refer to Hegar and Kaltenbach, *Am. Jour. of Obstetrics* (Munde's and Jackson's articles). An article by Currier (*N. Y. Med. Jour.*, Vol. 31, 1881) gives a good idea of the history of the subject and its status up to 1881. The modern text-books on gynecology, especially Martin in German, abound in valuable references and statistics.

Reference to the Index Medicus and to current literature will furnish numerous reports of isolated cases of hysterectomy, many of which contain important references. To mention these is sufficient; but as our study is to make a generalization and not to dwell upon details that are already familiar, we shall have little to do with isolated cases.

Freund's operation may be dismissed in a few words. There is very little difference of opinion at the present time with regard to the advisability of this procedure. Two years ago its scope was considered as very limited, and now few surgeons would think of performing it, except in those rare cases of sarcoma or carcinoma, where the disease is strictly confined to the corpus uteri.<sup>1</sup> In this country Freund's operation is now as rare as resection of the pylorus—and quite as fatal in its results.

Vaginal extirpation of the uterus is an operation of considerable antiquity,<sup>2</sup> and the fact that nearly three hundred cases are on record, with a mortality of less than 28 %, <sup>3</sup> raises it above the level of a surgical experiment. There must be something in it, or it would not have so many enthusiastic advocates. The fact that the operation

<sup>1</sup> For a concise summary of the current views on Freund's operation, the reader may refer to a short article by Prof. W. M. Polk, in the *New York Med. Journal*, August 25, 1885.

<sup>2</sup> See *Annals de Gynécologie et d'Obstétrique*, Sept., 1885.

<sup>3</sup> See an article by Dr. N. B. Carson in the *St. Louis Courier of Medicine* for 1885. This is the most recent contribution on the subject.

meets with general favor in Germany is quite natural. German surgeons have revived and perfected it, have made decided improvements in the *technique*, and moreover, have had a sufficient number of cases to acquire skill in its performance. No single French, English or American physician can refer to a series of cases sufficiently large to justify him in generalizing from the results of his own experience. Under the circumstances, the best that we can do is to collect the opinions of the many as well as the results of the few. Schröder's views are generally known;<sup>1</sup> he has not altered them since they were first expressed before the British Medical Association. The opinions of his contemporaries may be found in the proceedings of the "Naturforscherversammlung,"<sup>2</sup> where such men as Olshausen, Martin, Säger and Veit declare themselves in favor of it, in spite of the unfavorable statistics which they present.

The French are more cautious in their adoption of the operation. Perhaps its German origin may account for this hesitation. At a discussion before the Paris Academy of Surgery last year most of the surgeons present concurred with Verneuil and Polaillon in saying that vaginal hysterectomy would be a good operation if it was less dangerous, and that it would be less dangerous as surgery improved. It was, according to the opinion of the meeting, "the operation for the future;" with the present rate of mortality no surgeon could conscientiously resort to it. In Italy their results have not inspired surgeons with much enthusiasm. Out of twenty cases reported by Novaro,<sup>3</sup> ten died from the direct effects of the operation, and in eight there was an early recurrence of the disease. An English editor, commenting on these statistics, adds that "they bear out Koeberle's dictum that those who recover have no cancer and do not need the operation—those who have cancer do not recover." English gynecologists are almost unanimous in their condemnation of the operation, preferring, with a few exceptions, the method of supra-vaginal excision. The opposition to Schröder's views expressed by Mr. Thornton at the meeting of the British Medical association in 1883 is still endorsed by his countrymen.

<sup>1</sup>*Brit. Med. Jour.*, Vol. II. 1883. P. 519.

<sup>2</sup>*Archiv. für Gyn.* Bd. XX. Hft. 2.

<sup>3</sup>*Ann. di Obstetricia, Gynecologia et Pediatría.* Oct., 1884.

<sup>4</sup>See *Brit. Med. Jour.*, Vol. II. 1883, *loc. cit*

The views of American surgeons are fairly represented by Dr. A. Reeves Jackson<sup>1</sup> and Dr. P. F. Munde,<sup>2</sup> whose controversy on this question has done not a little to awaken a general interest in it among the profession. Their papers, together with a more recent one by Jackson, are judiciously summarized by Grandin,<sup>3</sup> who decides, after a review of all the evidence now published, that there is a "justifiable field for the operation, however narrow."

The latest contribution on the subject from an American surgeon is the report of a successful case by Dr. Carson, of St. Louis,<sup>4</sup> to which is appended a concise statement of the current views regarding the justifiability of the operation, and his own opinions as to its limits. Since these represent the views of the majority of gynæcologists, both American and foreign, we shall be pardoned for quoting them.

"I am led," he writes, "to conclude, from a careful study of the subject, that the operation is justifiable in the following cases, if the patient desires it after all the dangers have been fully explained, as also the possibilities of imperfect removal and almost immediate return of the disease :

"First, when the disease invades the body of the organ and it is freely movable, and no signs of the disease can be detected in the surrounding tissue.

"Second, in cases of cancer of the cervix, extending up so as to render the removal by less radical means impossible.

"Third, when the body is not too large to be removed through the vagina.

"Fourth, when the vagina is sufficiently large to admit of the proper manipulation.

"Fifth, when there exists no constitutional disease, as tubercle, Bright's disease, etc.

"Sixth, it should not be undertaken, except for malignant disease, and when the diseased tissue can not be fully eradicated by other and less radical means."

<sup>1</sup> Trans. Am. Gyn. Soc., Vol. VIII, 1883.

<sup>2</sup> Id., Vol. IX, 1884.

<sup>3</sup> Review of Trans. of Am. Gyn. Soc. for 1884, in *Am. Jour. of Obstetrics*, July, 1885.

<sup>4</sup> St. Louis *Courier of Médecine*, October, 1885.

Now, a review of these limitations, as they are thus candidly stated, will make it evident that the scope of the operation, even as granted by its supporters, is small, and that certain of these obstacles are inseparable, even with the advance in technical skill which Dr. Mundé prophesies. But, granting that the operation is not extraordinarily difficult in skilled hands, still is there any reason for performing it? Dr. Jackson replies strongly in the negative, and he represents a formidable opposition party, which includes some of the foremost gynæcologists in England. His objections are briefly as follows: 1. The early diagnosis of cancer is doubtful, or impossible. 2. The operation is very dangerous. 3. It does not cure, and relieves suffering only by terminating the patient's life. This has been stated in a more accurate and less dogmatic way by others. The anatomical argument is hardest to overcome, since it rests upon a basis of actual observation. The best diagnosticians have been very often mistaken in their judgment as to the strict limitation of the disease to the uterus. Even Schröder, with his wide experience and careful methods of examination, records several cases in which he had erred regarding the condition of the perituterine tissues. The grosser results of the extension of the disease, fixation of the uterus, enlargement of lymphatic glands, etc., could not escape a gynæcologist of ordinary skill, but the enormous lymphatic supply of the pelvis is such that the disease might be widely disseminated before any suspicion of the fact was awakened.

As regards a radical cure by vaginal hysterectomy, Dr. Munde has certainly shown most conclusively that "39.2 per cent of the cases in which the operation was performed at a sufficiently early period to permit the incisions to be carried through still healthy parametrium, remained free from recurrence two years after the operation." "As compared," he adds, "with the results reported by Pawlik, of 25 per cent after removal of the cancerous cervix only, and of Schröder of 21.8 per cent, after different methods of operation, this percentage can certainly not be considered unfavorable." But, in spite of this specious argument, the fact remains that the operation is a *palliative* measure, and the question still recurs, is it wise to take such risks in order to secure temporary alleviation? It is in vain to bring forward statistics, even if they are supported by such an able writer as Dr. Mundé. A

certain number of surgeons in every country are still conservative (or merciful?) enough to shrink from the radical measure, preferring the milder course of supra-vaginal excision. The latter alternative is the one which has been recommended by most of the English specialists and by not a few of the American. In New York vaginal hysterectomy is not in special favor among gynæcologists, judging by the opinions of the Fellows of the Obstetrical Society. To tell the truth, the general surgeons have been more successful with the operation (just as they have no mean record in ovariectomy), in spite of the criticism of Mr. Tait that the anxiety of our general surgeons to meddle with the pelvic organs is productive of harm. Dr. Thomas, who certainly performs more operations than any other American gynæcologist, after giving hysterectomy a fair trial, has abandoned it in favor of supra-vaginal excision. He practices a modification of Schröder's operation, and thus far with success as regards both safety and permanent relief to the patient.

I am unable to give his exact statistics, but I know that he has had no deaths (in nearly twenty operations) and a very small percentage of recurrence. The operation as performed by him is often practically an extirpation, since he removes the diseased tissue so thoroughly that barely the shell, as it were, of the uterine body remains.

Dr. Mundé's statistics regarding the direct mortality from the operation are highly encouraging. He rightly says: "Except in the hands of specially dexterous or fortunate operators, ovariectomy, even at the present day, presents quite as high a mortality rate, when all the operations by different operators, skilled and novices, are included." There is a good deal of truth in this statement, however positive it may be, at least as regards American statistics. Laparo-hysterectomy for uterine fibroids carries with it a heavy mortality in this country, yet it is universally supported. It may be justly said of this formidable operation, as Dr. Jackson says of vaginal hysterectomy, that in performing it "we stake what we do not own—the life of a patient—against the heaviest of odds." Lumbar colotomy for cancerous strictures, is purely a palliative measure, 10 per cent of the patients die from the effects of the operation,<sup>1</sup> and the disease is in no wise checked. Yet this operation needs no defenders; in fact it finds its warmest adherents

<sup>1</sup> Keetley—Index of Surgery.

among the most conservative English surgeons—the same ones who condemn so unhesitatingly the removal of the cancerous uterus.

From this hasty review of the subject, in which the writer has refrained from expressing opinions which have already been so much better stated than he could give them, it is evident that it is still in a very unsettled condition. It will be at once apparent to the thoughtful reader that on the side of the operation is arrayed the younger and more progressive element, while in general the older and more conservative surgeons head the opposition. Moreover, those who condemn the operation do so in unmeasured terms, for them there is no middle ground. The carefully guarded statements of Dr. Mundé, representing fairly the views of the other side, are not the expressions of reckless surgery. Men are not performing operations for the mere sake of doing them, and it is unjust to confound boldness, tempered by conscience, with recklessness.

It is not possible to decide this question at present. It can only be said, from the evidence now before us, that vaginal hysterectomy has not been cried down, in spite of the bitter attacks which have been made upon it. It remains to be seen whether, "when properly restricted," it is to have a "brilliant and permanent future."

The writer's experience with the operation has been limited to the observation of four Freund's operations and three cases of vaginal extirpation. Two of the former could not be completed, and *all* resulted fatally, although they were performed by experienced operators. In four of the cases, in which the writer made a careful examination of the specimens the disease was found to be *strictly limited to the cervix*, so that supra-vaginal excision would have answered every indication. Moreover, there were no evidences of parametritic deposits. And yet the operators were accomplished diagnosticians! One case was interesting, because it proved the treacherous nature of uterine sarcoma. The lymphatics and pelvic tissues were absolutely intact, while the mucous membrane of the small intestine was studded with metastatic deposits. And yet some writers affirm that sarcoma of the uterus is *the* indication for vaginal extirpation!

Certainly the scope of the operation is a limited one. None but the experienced have any right to attempt it, for, to tell the truth, it is the

reporters of isolated cases (most of them fatal) who have done the most to discredit it. We are sure that we only reflect the opinion of fair-minded men when we say that if vaginal hysterectomy is to obtain a foot-hold, it must become for a time a little less fashionable. Let it be confined to a few skillful, conscientious surgeons and then we shall be able to arrive at something like a fair estimate of its value. It is not an operation for the general practitioner. There should be a division of labor in this department, as well as in that of abdominal surgery.

H. C. COE.

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#### ON THE USE OF INJECTIONS OF AN ETHEREAL SOLUTION OF IODOFORM IN THE TREATMENT OF COLD ABSCESES.

At the late session of the French Congress of Surgery, Professor Verneuil, of Paris, enthusiastically recommended the use of iodoform dissolved in ether as an injection into the cavities of cold abscesses. In the *Revue de Chirurgie* for May, 1885, he gives full details of his method of procedure, with a brief statement of the theoretical ideas upon which the treatment is based. He calls attention first to the fact that it is not so much the fluid contained in these abscesses as it is the abscess-wall in dealing with which therapeutic measures are called for. This wall he would divide into two layers; an external, of irritative origin, but without specific character, and which, with the subsidence of irritation, quickly contracts and spontaneously disappears; an internal, in which is concealed the cause of the disease, the parasitic tuberculous germ.

This internal layer, or parietal tuberculous dépôt is then the part which, if a cold abscess is to be cured, must be destroyed in some way, rapidly or slowly, by operative or therapeutic measures. Rapid destruction by operative measures, Verneuil considers to be inconvenient and dangerous, while often unreliable and sometimes impossible. Iodoform, however, he believes to be a parasiticide whose power to destroy tubercular matter is well demonstrated, so that it presents itself as a therapeutic agent, benign, efficient and of easy application.